

Add New Patient and Intake Form:

New Patient can be added in RCM using this feature

Following are the steps to Add New Patient

- From Patients icon in menu
- Click on Add “New Patient” button

The screenshot displays the 'PATIENT LISTING' interface. At the top, there is a search bar and a 'New Patient' button highlighted with a red box. Below the search bar is a table with columns: Patient Name, Contact Info, and Balance (\$). The table lists several patients, including AAASHA SAAAASHAY, AADA SAAADAY, and AADAN SAAADANY. Each patient entry includes contact information and a balance of \$0.00. Action buttons like 'Send Statement', 'Send Invoice', 'Send Postal', and 'Receive Payment' are visible for each patient. A 'Patient Intake' button is located in the top right corner.

Creating new patient from RCM

The screenshot shows the 'Add Patient' form. The 'BASIC INFO' section is selected, and the 'Basic Information' sub-section is active. It contains the following fields: Last Name (Sharon), First Name (Hayes), Email (denmaartst@yahoo.com), and Mobile No. (Mobile No). There is a dropdown for Primary Provider (BEN, DESUZA phy). A link asks 'Would you like to collect the remaining information from patient via Intake?'. A button at the bottom right says 'I would like to fill all the patient info myself'.

- User will have to fill basic Information of Patient when creating new patient
- First name , Last Name & Primary Provider details are mandatory

Note:

1. Adding First Name , Last Name ,Email & Primary Provider, New Patient can be created on Submit
2. If Patient do not have email Id then user will have to go through 2nd option “I would like to fill all the patient info myself”

Below are the options for user as per his preference

1. [Would you like to collect the remaining information from patient via intake?](#)
2. [I would like to fill all the patient info myself](#)

1. Clicking on link: **Would you like to collect the remaining information from patient via intake?**

Will give multiple options to take patients information through patient portal

- a) Would you like to collect patient’s payment info?
- b) Would you like to collect patient’s insurance info?
- c) Select forms to be filled and signed by patient

The screenshot shows a web application interface for adding a patient. The practice name is 'OSP PRACTICE'. The form is titled 'Add Patient' and has a search bar for selecting a patient. The form is divided into sections: 'BASIC INFO', 'PERSONAL DETAILS', 'INSURANCE DETAILS', 'CONTACT DETAILS', 'PATIENT INTAKE', and 'PATIENT PREFERENCE'. The 'BASIC INFO' section is currently active and contains the following fields: Last Name (Stephen), First Name (Coleman), Email (stephenColeman84@gmail.com), and Mobile No. (Mobile No). The Primary Provider is set to 'BEN, DESUZA.phy'. Below the form, there are checkboxes for 'Would you like to collect patient's payment info?' and 'Would you like to collect patient's insurance info?', both of which are checked. A section titled 'Select forms to be filled and/or signed by patient' shows a list of forms: 'Consent for Treatment', 'Email Communication Consent Form', and 'Intake Questionnaire'. A button labeled 'I would like to fill all the patient info myself' is visible on the right side of the form.

- ✓ If user wants to collect Patient's Payment or Insurance Information then he/she can check below options
 - Would you like to collect patient's payment info?
 - Would you like to collect patients insurance info?
- ✓ If user wants to send any form to patient to be filled than he/she can select multiple forms using below option
 - Select forms to be filled and/or signed by patient

[Note: Other Forms can be created using Form Builder

- From Form builder icon in menu
- Click on Add Form
- Select document type and enter form name to create
- User can drag and drop the fields as required to create form
- Label , position and place holder can be added [Preview will be shown]
- Click on Save button]

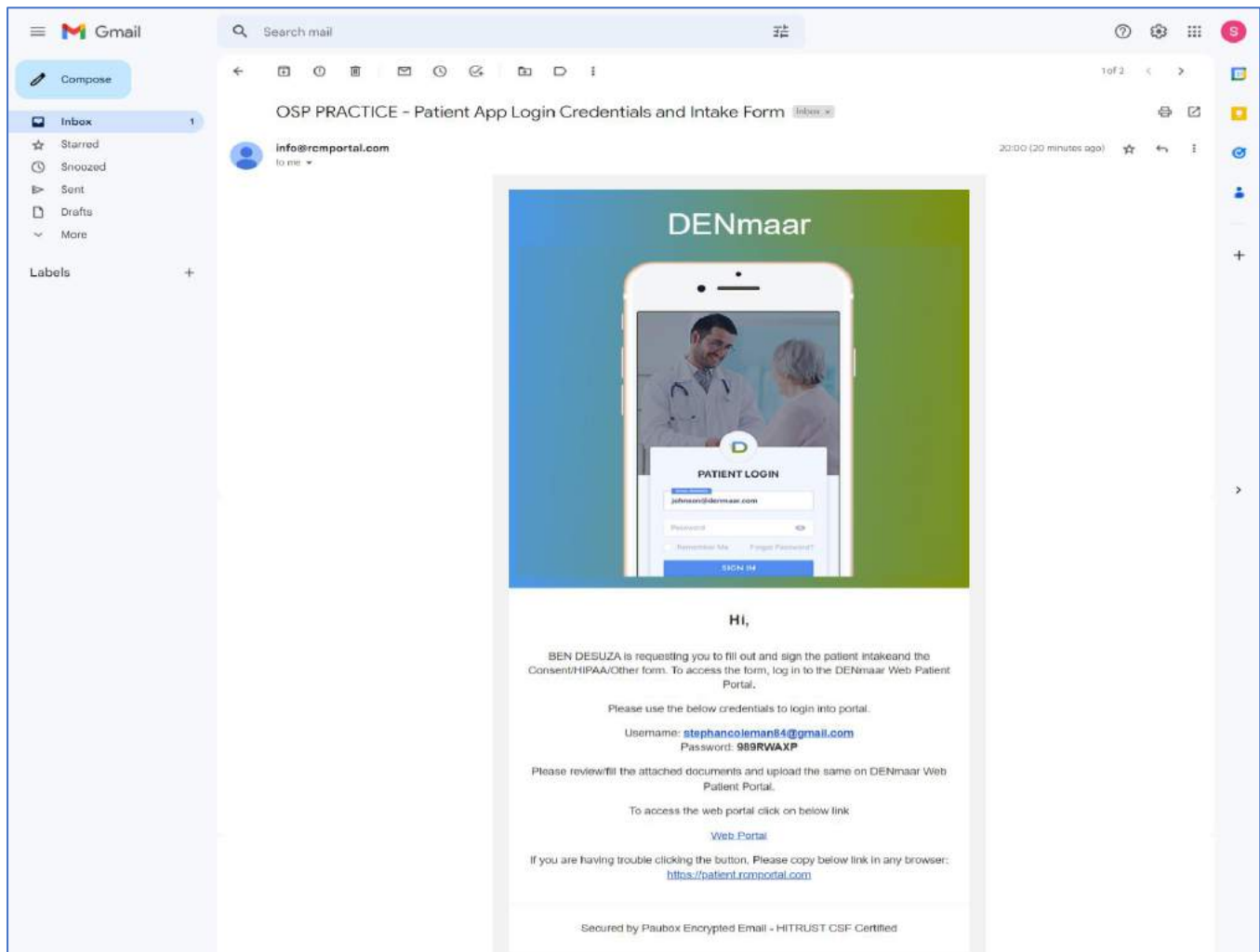
- ✓ User can fill basic information and other information to be filled can be send to patient through patient portal selecting above options and click on **Submit** button

New Patient created in RCM.

The screenshot displays a patient record for **STEPHAN COLEMAN** in the **OSP PRACTICE**. The patient is female, with a patient responsibility of **\$0.00**. The interface includes a search bar, a navigation menu on the left, and a main content area with tabs for **Timeline**, **Claims**, **Payments**, **Authorization**, **Documents**, **Assessment**, **Wiley**, **Medical**, **Notes**, **IOP**, **Tickets**, and **EAP**. The **Timeline** tab is active, showing **NO TIMELINE AVAILABLE**. Below this is a **Patient General Notes** section with an **Add General Note** button and a table with columns **DATE**, **NOTE**, and **ACTION**. The table is currently empty, displaying **No data available in table**. On the right side, there are several expandable sections: **Demographic Details** (SSN#, Gender, Primary Provider, Address), **Insurance Details** (No Insurance Available), **Billing Details** (Diagnosis, Place Of Service, Hospital Admit Date, Supervisor, Referring Provider, Facility), **Patient Portal Settings** (Email Address, Give Mobile App Access), and **Patient Preference** (Can Be Contacted By Email, Can Be Contacted On Phone, Can Be Contacted Via Message, Can Auto Debit Patient Balance From Credit Card, Can Communicate Via Video Call).

a) **Patient Portal flow** : [for point 1. Would you like to collect the remaining information from patient via intake?]

- After creating new patient in RCM , Patient will receive email with Patient portal credentials with Patient portal link , Username & Password
- Patient will have to login into patient portal using that portal details



- After logging into Patient portal , user will be redirected to Patient Intake page where patients will be able to access the sent forms from RCM

- User will be able to see Personal Info , Insurance Info & other selected forms

The screenshot shows the DENmaar Patient Intake form. The left sidebar contains navigation options: Dashboard, Schedule Appointment, Current Invoice's, Payment History, Manage Insurance, Signature Request, Change Password, Patient Intake (highlighted), and Logout. The main content area is titled 'Patient Intake' and features a sidebar menu with 'PERSONAL INFO' selected. The form fields include: First Name (COLEMAN), Last Name (STEPHAN), DOB (mm-dd-yyyy), Gender (Select Gender), Middle Name, Address (Street, Street 2, City, State), Zip, Contact Number (Home), and Contact Number (Cell). A green 'Submit' button is located at the bottom right of the form. The footer contains 'Copyright © 2022 DENmaar. All rights reserved.' and 'Version 3.2.0'.

- Once Personal Info is submitted by User , Insurance Info[next form] Form will be displayed

The screenshot shows the DENmaar Patient Intake form with the 'INSURANCE INFO' section selected. The form includes a checkbox for 'Dont Have Insurance', fields for Insurance Type, Insurance Plan, and Member Id, and an 'Upload Insurance Card' section with a 'Choose Files' button. Below the form is a table titled 'Added Insurance' with columns for Insurance Type, Insurance Plan, Member #, and Group #. A 'Next' button is located at the bottom right of the form. The footer contains 'Copyright © 2022 DENmaar. All rights reserved.' and 'Version 3.2.0'.

- After submission of Insurance Info & Payment Info , Other Forms will be enabled for user to submit

➤ User can submit all forms from Patient portal

The screenshot displays the DENmaar Patient Intake form. On the left is a navigation sidebar with the user's name 'Coleman Stephan' and various menu items: Dashboard, Schedule Appointment, Current Invoice's, Payment History, Manage Insurance, Signature Request (with a red notification icon), Change Password, Patient Intake (highlighted in blue), and Logout. The main content area is titled 'Patient Intake' and features a list of forms on the left: CONSENT FOR TREATMENT, EMAIL COMMUNICATION CONSENT FORM, TEST CONSENT FORM 01 (highlighted in green), and FORM CONSENT 01. The 'Test Consent Form 01' is expanded to show the following fields:

- Patient Name:** Input field containing 'stephen'.
- Patient's Address:** Input field containing 'street of brentwood'.
- Mob Number:** Input field containing '26576576'.
- Diabetic:** A checked checkbox.
- Select Hospitals:** A list with options 'Hospital A', 'Cancer', and 'HC'.
- Select:** A dropdown menu with '01' selected.
- Radio:** Two radio buttons, 'R1' and 'R2', with 'R2' selected.

A blue 'Save' button is located at the bottom of the form. The footer contains the text 'Copyright © 2022 DENmaar. All rights reserved.' and 'Version 3.2.0'.

After submission from Patient Portal

If you want to review which all forms have been submitted by patient from patient portal

- In RCM – Go to Patient’s Demographics
- Click on Patient Intake -> View Intake Form

The screenshot displays a patient portal interface for a patient named Stephan Coleman MN. The interface includes a search bar, patient information, and various tabs for navigating through the patient's record.

Patient Information:

- STEPHAN COLEMAN MN** (Male) | DOB: 12/01/2022 (0 Years)
- Phone: 3765376576 | Email: stephancoleman84@gmail.com
- Emergency Contacts

Patient Responsibility: \$0.00

Insurance Card: XXXX-XXXX-XXXX-1111

Forms Status: Insurance Card (Warning), Consent Form (Success), Send HIPAA Form (Warning), Patient Intake (Success)

Navigation Tabs: Timeline, Claims, Payments, Authorization, Documents, Assessment, Wiley, Medical, Notes

Demographic Details:

- SSN#: N.A.
- Gender: M
- Primary Provider: BEN DESUZA
- Address: STREET 22, STRT, CTY, CALIFORNIA, 753765376

Insurance Details:

- Insurance: ADVOCATE TRINITY
- Active Till: N.A.
- Co-Pay (\$): \$0
- Co-Pay (%): 0%

Billing Details:

- Diagnosis: N.A.
- Place Of Service: N.A.
- Supervisor: N.A.
- Facility: N.A.
- Hospital Admit Date: N.A.
- Referring Provider: N.A.
- Private Pay:
- No Patient Responsibility:

Timeline: NO TIMELINE AVAILABLE

Patient General Notes: Add General Note

DATE	NOTE	ACTION
No data available in table		

The screenshot displays a web application interface for a 'Patient Intake Form'. At the top, the practice name 'OSP PRACTICE' is visible. The form is titled 'Patient Intake Form' and has a 'Personal Info' section marked as 'Completed'. A sidebar on the left lists various forms: 'INTAKE QUESTIONNAIRE' (Completed), 'TEST CONSENT FORM 01' (Completed), 'CONSENT FOR TREATMENT' (Sent), 'EMAIL COMMUNICATION CONSENT FORM' (Sent), and 'FORM CONSENT 01' (Sent). The main content area shows the 'Brief Intake Questionnaire' with the following information:

- Client Full Name: * Stenny
- Client Date of Birth: * 12/12/2000
- Presenting Issue(s): * diabetic
- Note: If you are a parent or guardian, please complete the remainder of this form for yourself, not for the minor(s) in treatment.
- Your Current Symptoms (Please check all that apply to you) *
Anxiety, Sleep Changes, Suspiciousness
- Medical History
Your previous mental health diagnosis and treatment received. (If none, please write 'None'): *
None
Previously treated by
Ben
Dates treated
12/12
Your previous medical conditions (If none, please write 'None'): *

- Information Submitted from portal gets updated in Patient Intake Form
 - Forms submitted from Patient portal will be in completed status & Pending forms will be in Sent status
 - User can print the submitted forms
-

2. User can use option **“I would like to fill all the patient info myself”** and fill all patient’s details
 1. Basic Info
 2. Personal Details
 3. Insurance Details
 4. Contact Details
 5. Patient Intake
 6. Patient Preference

The screenshot shows a web application interface for adding a patient. The top navigation bar includes a logo, a menu icon, the practice name 'OSP PRACTICE', and several utility icons. A search bar for selecting a patient is present. The main content area is titled 'Add Patient' and features a sidebar with navigation options: BASIC INFO (highlighted), PERSONAL DETAILS, INSURANCE DETAILS, CONTACT DETAILS, PATIENT INTAKE, and PATIENT PREFERENCE. The 'Basic Information' section is active and contains the following fields: Last Name (Sharon), First Name (Hayes), Email (denmaartst@yahoo.com), and Mobile No. Below these fields, a dropdown menu for 'Primary Provider' is set to 'BEN. DESUZA phy'. A section titled 'Below information will be requested from the patient via Patient Portal' contains two unchecked checkboxes: 'Would you like to collect patient's payment info?' and 'Would you like to collect patient's insurance info?'. A section for 'Select forms to be filled and/or signed by patient' has a 'Choose option' dropdown. At the bottom, there is a 'Submit' button and a red-bordered button labeled 'I would like to fill all the patient info myself'.

Personal Details :

- User can fill personal details of patient

The screenshot shows the 'Add Patient' form in a web application. The 'Personal Details' section is active and highlighted in green. It contains the following fields:

- Date Of Birth ***: 12/02/2000
- Billing Gender ***: Female
- Gender**: f
- Preferred Name**: Sherin
- Middle Name**: nm
- SSN**: 736-87-3687
- Patient Care Team**: BEN, DESUZA phy

Navigation buttons at the bottom right include '<< Previous' and 'Next >>'. A 'Back' button is located in the top right corner of the form area.

Insurance Details:

- User can fill insurance info of Patient
- Insurance Plan and Member fields are mandatory

The screenshot shows the 'Add Patient' form in a web application. The 'Insurance Details' section is active and highlighted in green. It contains the following fields:

- Using Private Pay**:
- Insurance Plan ***: ADVOCATE TRINITY
- Member # ***: mem
- No Patient Responsibility**:
- Upload Insurance Card:**
 - Front Side:** Choose File | No file chosen
 - Back Side:** Choose File | No file chosen
 - Other:** Choose File | No file chosen

Navigation buttons at the bottom right include 'Check Eligibility', '<< Previous', and 'Next >>'. A 'Back' button is located in the top right corner of the form area.

Contact Details:

- User can fill all contact Details of Patient
- Address Line 1 , City , State & Zip are Mandatory

The screenshot displays a web application interface for adding a patient. At the top, there is a header with a logo, a menu icon, and the text 'Practice : OSP PRACTICE'. On the right side of the header, there are several icons representing different functions like help, notifications, and user profile. Below the header, there is a search bar labeled 'Select Patient' with the placeholder text 'Type To Select Patient' and a magnifying glass icon. A 'Back' button is located in the top right corner of the main content area. The main content area is titled 'Add Patient' and features a vertical sidebar on the left with several menu items: 'BASIC INFO', 'PERSONAL DETAILS', 'INSURANCE DETAILS', 'CONTACT DETAILS' (which is highlighted in green), 'PATIENT INTAKE', and 'PATIENT PREFERENCE'. The main content area is divided into two sections: 'Address Details' and 'Contact Details'. The 'Address Details' section includes fields for 'Address Line 1 *', 'City *', 'State *', and 'Zip *'. The 'Address Line 1 *' field contains the text 'Add', 'City *' contains 'cty', 'State *' is a dropdown menu showing 'Alaska', and 'Zip *' contains '87638-7638'. Below these is an 'Address Line 2' field with the placeholder text 'Address Line 2'. The 'Contact Details' section includes fields for 'Home Phone', 'Email', and 'Alternate Email'. The 'Home Phone' field is empty, 'Email' contains 'denmaartst@yahoo.com', and 'Alternate Email' is empty. Below these is a 'Portal Memo / Note' field with the placeholder text 'Portal Memo / Note'. At the bottom right of the form, there are two buttons: '<< Previous' and 'Next >>'. The entire interface is enclosed in a blue border.

Patient Intake:

- User can send Patient's Payment form and also select other forms to be filled by patient through patient portal [Email is required when you want to send intake forms]

[Note: Other Forms can be created using Form Builder

- From Form builder icon in menu
- Click on Add Form
- Select document type and enter form name to create
- User can drag and drop the fields as required to create form
- Label , position and place holder can be added [Preview will be shown]
- Click on Save button]

Patient Intake form:

Practice : OSP PRACTICE

Select Patient Q Back

Add Patient

- BASIC INFO
- PERSONAL DETAILS
- INSURANCE DETAILS
- CONTACT DETAILS
- PATIENT INTAKE**
- PATIENT PREFERENCE

Patient Intake

Below information will be requested from the patient via Patient Portal

Would you like to collect patient's payment info ?

Select forms to be filled and/or signed by patient

- Consent for Treatment
- Credit/Debit Card Payment Consent
- Intake Questionnaire

Consent for Treatment

Credit/Debit Card Payment Consent

dsfgsdv

Email Communication Consent Form

Form Consent 01

Intake Questionnaire

Parental/Guardian Consent for Treatment of Minor(s)

Privacy Practices

Test Consent Form 01

Test Hipaa Form 02

Save

Practice : OSP PRACTICE

Select Patient Q Back

Add Patient

- BASIC INFO
- PERSONAL DETAILS
- INSURANCE DETAILS
- CONTACT DETAILS
- PATIENT INTAKE**
- PATIENT PREFERENCE

Patient Intake

Below information will be requested from the patient via Patient Portal

Would you like to collect patient's payment info ?

Select forms to be filled and/or signed by patient

- Consent for Treatment
- Credit/Debit Card Payment Consent
- dsfgsdv
- Email Communication Consent Form
- Form Consent 01

<< Previous Next >>

Save

Patient Preference:

- User can check option as per his preference

The screenshot displays a web application interface for adding a patient. At the top, there is a header with a logo, a menu icon, and a practice name 'OSP PRACTICE'. A search bar labeled 'Select Patient' is present. The main content area is titled 'Add Patient' and features a vertical sidebar with various category icons. The 'PATIENT PREFERENCE' category is selected and highlighted in green. The 'Patient Preference' section contains five options, each with a checkbox:

- Can be contacted by Email
- Can be contacted on Phone
- Can be contacted via Message
- Can Auto Debit Patient Balance from Credit Card
- Can communicate via Video Call

Navigation buttons include '<< Previous' and a green 'Save' button with a document icon.

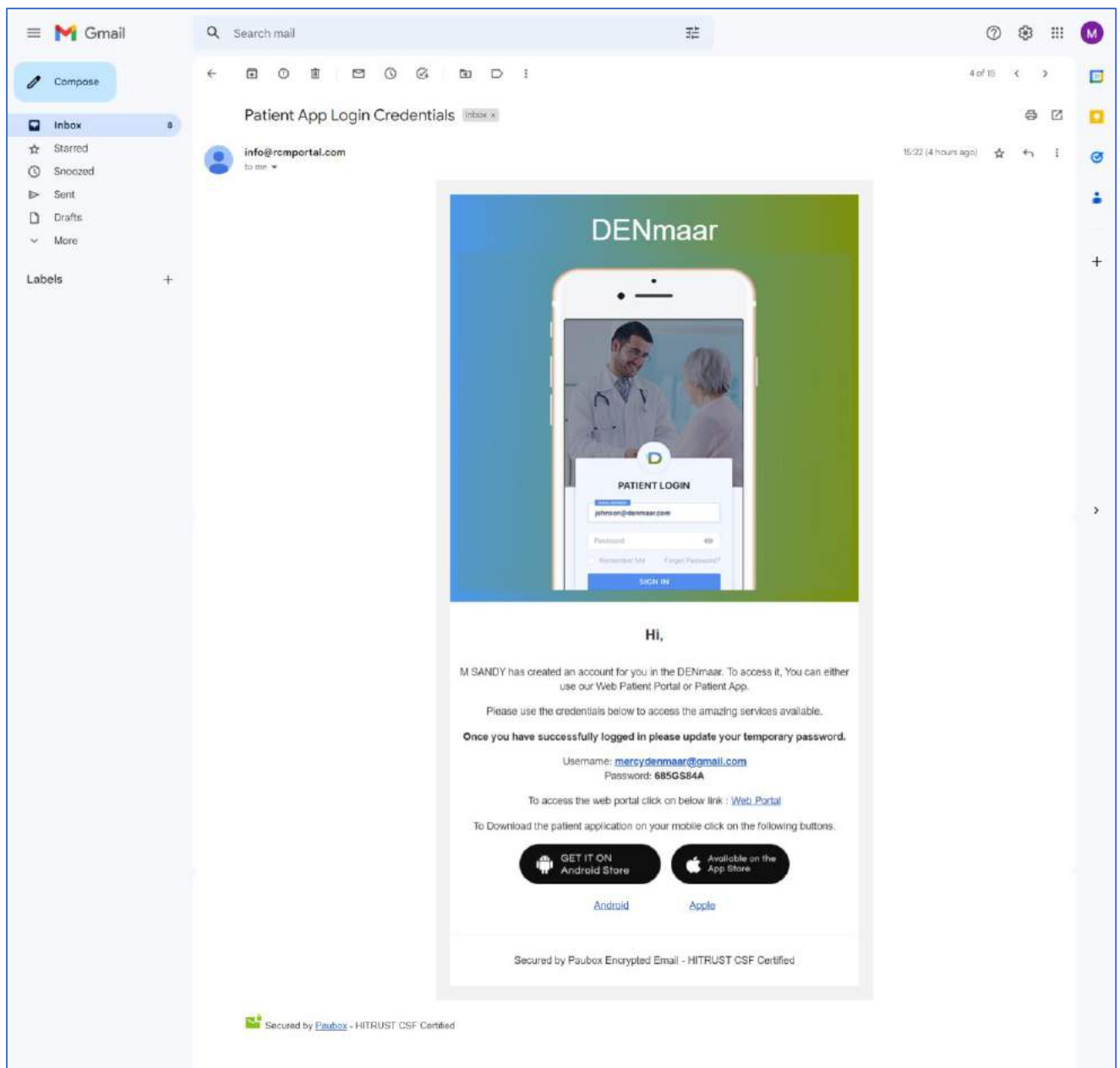
- After Filling all categories
- User can click on Save button , New Patient will be created in RCM

New Patient in RCM

The screenshot shows the RCM interface for a new patient named 'MERCY TEST'. The patient is male, born on 12/12/2000 (22 years old), and is currently active. The patient's responsibility is \$0.00. The interface includes a search bar, a patient summary, a timeline (currently empty), and several detail panels: Demographic Details, Insurance Details, and Billing Details. The Demographic Details panel shows SSN# as N/A, Gender as N/A, Primary Provider as BEN DESUZA, and Address as ADD, CTY, ALABAMA, 38547-44. The Insurance Details panel shows the insurance provider as ADVOCATE TRINITY, with an active till of N/A, a co-pay of \$0, and a co-pay percentage of 0%. The Billing Details panel shows a diagnosis of '-', Place of Service as N/A, Hospital Admit Date as N/A, Supervisor as N/A, Referring Provider as N/A, and Facility as N/A. There are also checkboxes for 'Private Pay' and 'No Patient Responsibility'.

1. Patient Portal flow : [for point 2: I would like to fill all the patient info myself]

- If Patient is having email ID , After creating new patient in RCM , Patient will receive email with Patient portal credentials with Patient portal link , Username & Password
Patient will have to login into patient portal using that portal details
- If Patient do not have email ID , then user will have to create new patient by filling all details in RCM. [I would like to fill all the patient info myself]



- After logging into Patient portal , user will be redirected to Patient Intake page where patients will be able to access the sent forms from RCM
- User will be able to see Payment Info, Insurance Info & other selected forms

Patient Intake

PERSONAL INFO

INSURANCE INFO
PAYMENT INFO
INTAKE QUESTIONNAIRE
EMAIL COMMUNICATION CONSENT FORM
TEST CONSENT FORM 01

Personal Info

First Name * **Last Name *** **DOB *** **Gender ***

Middle Name

Address

Street * **Street 2** **City *** **State ***

Zip *

Contact Info

Contact Number(Home) **Contact Number(Cell)**

Submit

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- Once Personal Info is submitted by User , Payment Info[next form] Form will be displayed

Patient Intake

PAYMENT INFO

INTAKE QUESTIONNAIRE
EMAIL COMMUNICATION CONSENT FORM
TEST CONSENT FORM 01

Payment Info

DENpay

Name on Card **Card Number**

Exp Date **CVV**

Submit

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- After submission of Payment Info , Other Forms will be enabled for user to submit

➤ User can submit all forms from Patient portal

The screenshot displays the DENmaar Patient Intake form. On the left is a navigation sidebar with the DENmaar logo and user name 'Mercy Test'. The sidebar menu includes: Dashboard, Schedule Appointment, Current Invoice's, Payment History, Manage Insurance, Signature Request (with a red notification icon), Change Password, Patient Intake (highlighted in blue), and Logout. The main content area is titled 'Patient Intake' and features a form with a left-hand menu of form types: INTAKE QUESTIONNAIRE, EMAIL COMMUNICATION CONSENT FORM, and TEST CONSENT FORM 01 (highlighted in green). The 'TEST CONSENT FORM 01' form contains the following fields: 'Patient Name' (text input with 'Mercy nm'), 'Patient's Address' (text input with '12 Street of Brentwood'), 'Mob Number' (text input), a 'Diabetic' checkbox (checked), 'Select Hospitals' (list with 'Hospital A', 'Cancer', 'HC'), 'Select' (dropdown menu with '01'), and 'Radio' (radio buttons for 'R1' and 'R2', with 'R2' selected). A blue 'Save' button is located at the bottom of the form. The footer contains the copyright notice 'Copyright © 2022 DENmaar. All rights reserved.' and the version number 'Version 3.2.0'.

DENmaar

Mercy Test

Dashboard

Schedule Appointment

Current Invoice's

Payment History

Manage Insurance

Signature Request

Change Password

Patient Intake

Logout

Patient Intake

INTAKE QUESTIONNAIRE

EMAIL COMMUNICATION CONSENT FORM

TEST CONSENT FORM 01

Test Consent Form 01

Patient Name

Mercy nm

Patient's Address

12 Street of Brentwood

Mob Number

Diabetic

Select Hospitals

Hospital A

Cancer

HC

Select

01

Radio

R1

R2

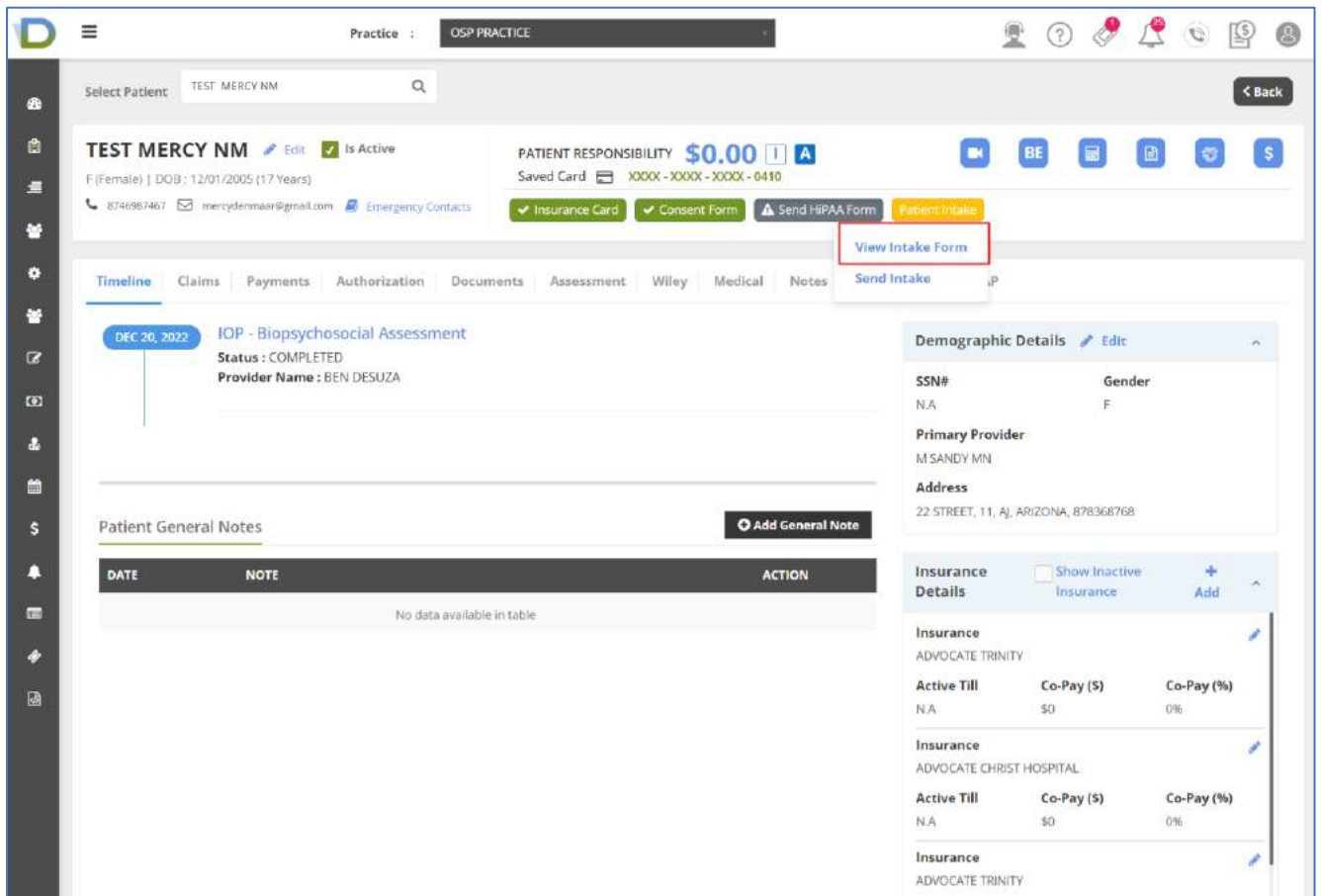
Save

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Version 3.2.0

After submission from Patient Portal ,User can review forms filled from Patient portal in RCM ->Patient Intake

- In RCM – Go to Patient’s Demographics
- Go to Patient Intake
 - a. User will have option View Intake Form & Send Intake
 - b. Click on View Intake Form



➤ Clicking on View Intake Form

The screenshot displays a web application interface for a 'Patient Intake Form'. At the top, the practice name 'OSP PRACTICE' is shown. The main content area is divided into two sections: a list of forms on the left and a details view on the right. The 'Personal Info' section is highlighted as 'Completed'. The details view shows the following information:

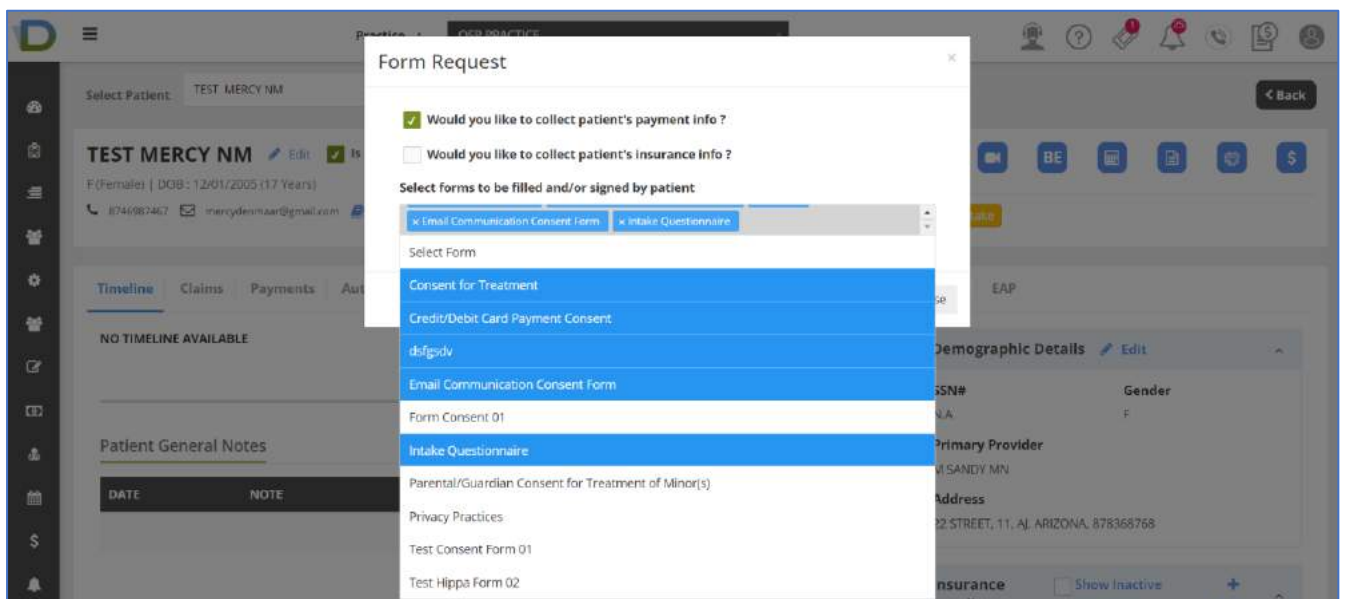
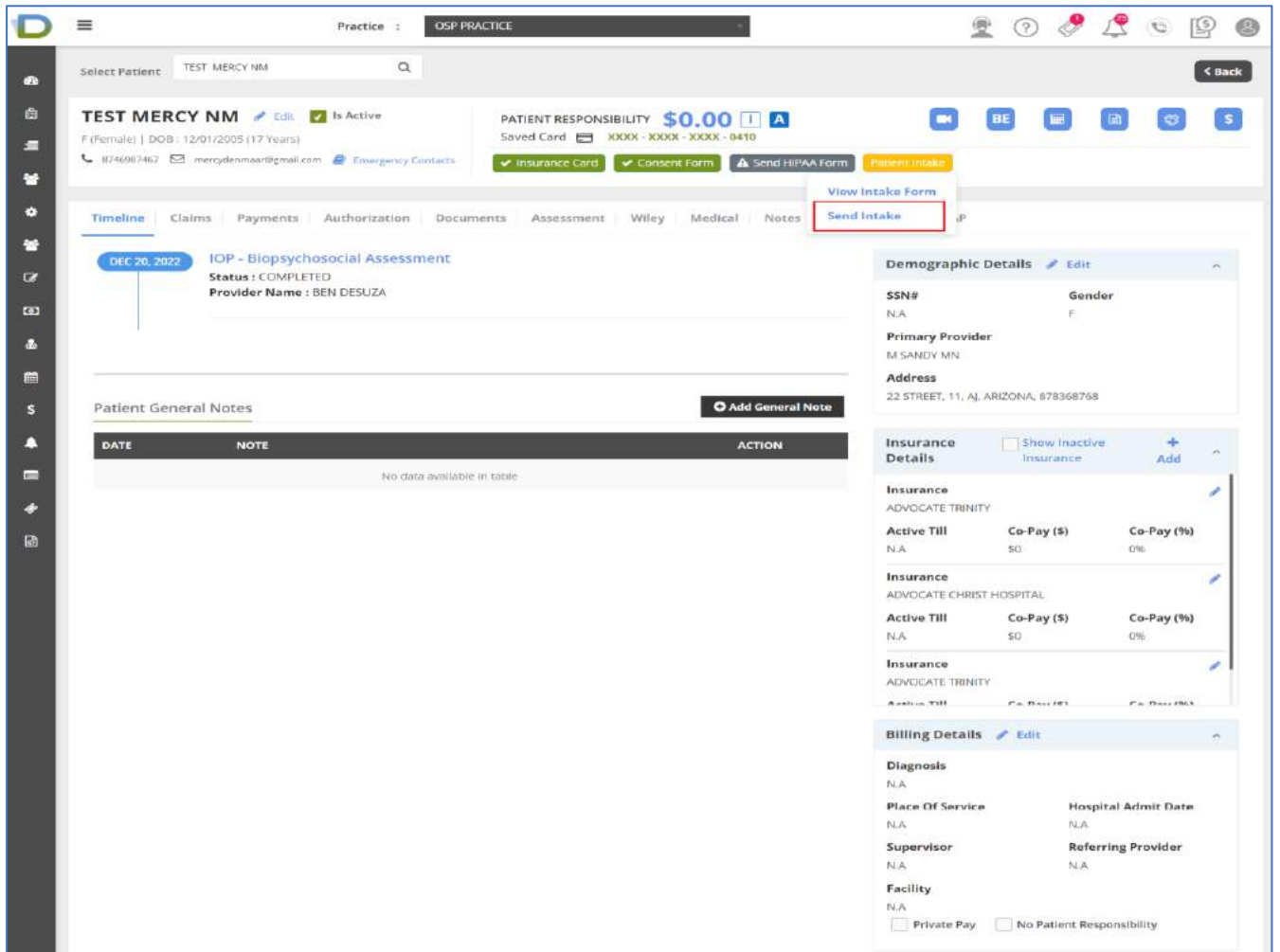
Field	Value
Patient Name	Mercy nm
Patient's Address	12 Street of Brentwood
Mob Number	-
Diabetic	True
Select Hospitals	HC
Select	01
Radio	R2

Buttons for 'Back To Patient Details' and 'Print' are located in the top right corner of the form area.

- Information Submitted from portal gets updated in Patient Intake Form
 - Forms submitted from Patient portal will be in completed status & Pending forms will be in Sent status
 - User can print submitted form from Patient Intake form.
-

2. If User wants to send form builder form or any extra form to new or existing patient then

➤ Go to Patient Intake -> Send Intake



- User can select forms to be sent to Patient Portal for submission and click on send button
- Forms will be updated in Patient Portal

The screenshot displays a web application interface for a 'Patient Intake Form'. At the top, the practice name 'OSP PRACTICE' is visible. The main content area is divided into two sections:

- Form List (Left):** A list of forms with 'Sent' buttons:
 - INTAKE QUESTIONNAIRE (Sent)
 - CONSENT FOR TREATMENT (Sent)
 - PARENTAL/GUARDIAN CONSENT FOR TREATMENT OF MINOR(S) (Sent)
 - PRIVACY PRACTICES (Sent)
 - DSFGSDV (Sent)
 - FORM CONSENT 01 (Sent)
- Brief Intake Questionnaire (Right):** A form with the following fields and instructions:
 - Client Full Name: *
 - Client Date of Birth: *
 - Presenting Issue(s): *
 - Note: If you are a parent or guardian, please complete the remainder of this form for yourself, not for the minor(s) in treatment.**
 - Your Current Symptoms (Please check all that apply to you) *
 - Medical History**
 - Your previous mental health diagnosis and treatment received. (If none, please write 'None'): *
 - Previously treated by
 - Dates treated
 - Your previous medical conditions (If none, please write 'None'): *

